



Promoting Community Resilience in Vermont

Assessment of Public Health Knowledge, Tools and Resources

June 30, 2019



This work was carried out by Center for Health and Learning under contract from the Vermont Public Health Association doing work as Vermont Public Health Institute (VTPHI). The New England Public Health Training Institute at Boston University funded the project.

This project was under advisement from Heidi Klein, Director of Program and Policy, Vermont Department of Health. Vermont Program for Quality in Health Care provided assistance in survey design and analysis. Beth Shrader, Program Consultant to Center for Health and Learning provided consult.

Authors:

JoEllen Tarallo, Ed.D., Director, Center for Health and Learning, Primary Author

Zan Lewis, M.A., Program Specialist, Center for Health and Learning

Contributing:

Hilary Wolfley, Health Data Analyst, Vermont Program for Quality in Health Care

TABLE OF CONTENTS

INTRODUCTION.....1

PROMOTING COMMUNITY RESILIENCE ASSESSMENT OVERVIEW.....2

TABLE 1: INVENTORY OF RESILIENCY FRAMEWORKS USED IN VERMONT..... 3

SURVEY RESULTS4

TABLE 2: RESILIENCY RESOURCES IN VERMONT..... 16

SURVEY ANALYSIS HIGHLIGHTS.....21

CONCLUSION.....23

RECOMMENDATIONS.....23

CITATIONS.....25

APPENDICES

 A. VERMONT COMMUNITY RESILIENCE ASSESSMENT ADVISORS26

 B. SURVEY.....27

INTRODUCTION

Community and public health stakeholders in Vermont are interested in promoting resilience as an attribute in defining and measuring the health of individuals and communities. The Vermont State Health Improvement Plan (VT-SHIP-2018) identified five priority Health Conditions with associated outcomes: Oral Health, Mental Health, Chronic Disease, Early Childhood, and Substance Use. Mental health was designated a priority based on rates of depression, suicidality, and suicide among sub-populations. Vermont has made progress to advance knowledge about Adverse Childhood Experiences and concepts about trauma-informed approaches in human services. There continues to be a need to advance health promotion and primary, and secondary prevention strategies in order to improve the health of individuals and communities. These strategies enable people to increase control over their own health, prevent the onset of mental health problems, and lead to early identification of problems and solutions.

The Vermont Public Health Institute and the Vermont Department of Health identified the need for more information about the knowledge and experiences of the public health workforce related to primary and secondary prevention strategies that foster resiliency. New England Public Health Training Center provided funding that was used to contract with the Center for Health and Learning (CHL), a 501c3 providing support to state initiatives that address priority health issues. CHL identified the resiliency frameworks used in Vermont, and conducted a statewide assessment of the public health workforce. The target population for this assessment was public health workers in Vermont, rather than individuals working directly with clients.

The purpose of the assessment was to gather information about the current knowledge and skills of the public health workforce, and the resources they identify to carry out work related to building individual and community resilience. The recommendations generated from the data will inform future training aimed at promoting this work in the community.

The following terms and definitions served as common language:

Resilience: the ability to recover from setbacks, adapt well to change, and keep going in the face of adversity (SHIP 2018)

Resilience Frameworks: a set of ideas and practices that promote resiliency

Community Resilience: the ability of a community to use its assets to strengthen public health and healthcare systems and to improve the community's physical, behavioral, and social health to withstand, adapt to, and recover from adversity (PFE - US Department of Health & Human Services)

The assessment included:

- The knowledge, attitudes, and skills needed to promote resiliency
- Identification of Vermont initiatives, community and state resources that support the work of community prevention and resilience-building

PROMOTING COMMUNITY RESILIENCE ASSESSMENT OVERVIEW

Leadership Engagement

An advisory group was developed and consulted to inform the development of the assessment. These stakeholders were part of initiatives at the state or community level that used resiliency frameworks and/or who had awareness of community-level work. Some of them had overseen the selection of resiliency frameworks for use in Vermont and had a strong awareness of current frameworks, strategies, and previous efforts. They agreed that collecting information about knowledge, skills and resources would be useful to inform future work. This group identified and provided information about the predominant frameworks used and provided input and feedback on the first draft of the survey. The survey was also presented to the Study Design Committee within the Vermont Department of Health for feedback. A compilation of the resiliency frameworks used in Vermont is below. ***A list of Advisory Group members is in Appendix A.***

Resiliency Frameworks Used in Vermont

See Table 1: INVENTORY OF RESILIENCY FRAMEWORKS IN VERMONT

There are four major resiliency frameworks used in Vermont.

Building Flourishing Communities

(www.mentalhealth.vermont.gov)

Building Flourishing Communities (BFC) is a public health model developed in the state of Washington that aims to create broad general knowledge and understanding about early childhood development and identifies factors that contribute to good and poor health outcomes. The program uses a train the trainer model and uses NEAR sciences to engage communities across the state. NEAR sciences: Neuroscience, Epigenetics, the Adverse Childhood Experiences (ACEs) study, and Resilience. BFC raises awareness and provides a framework for developing community and organizational action planning.

Search Institute Developmental Assets Framework

(www.search-institute.org),

The Search Institute, a national nonprofit organization that focuses on improving youth success in “schools, youth programs, families and communities” created the Developmental Assets in 1990. The Developmental Asset framework identifies forty positive supports for youth and young adults to succeed in their communities. These “Assets” help youth leaders, educators, and other community members focus on the factors that most help youth in their communities lead fulfilled and independent lives.

Strengthening Families

<https://cssp.org/our-work/project/strengthening-families/>

Strengthening Families is developed by the Center for the Study of Social Policy is a research-informed approach to increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect. It is based on engaging families, programs, and communities in building five key Protective Factors. Five key Protective Factors: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children.

Table 1: INVENTORY OF RESILIENCY FRAMEWORKS USED IN VT

Framework	Audience	Concepts/Skills	Resources	Training Structure	Systems Change
Building Flourishing Communities	Community	-Teaches about resiliency, toxic stress and brain development and how trauma impacts development. -Focus on how early life experiences affect health and well-being through-out life -Used as a framework to activate local leadership to address issues	https://www.acesconnection.com/g/becoming-a-trauma-informed-and-beyond/blog/self-healing-communities-model	Train the Trainers	Suggests a public health approach to change the causal factors of toxic stress and trauma
Search Institute Developmental Assets Framework	Leaders in schools, organizations, and community organizations that work to address youth risk and protective factors	-Identifies 40 Developmental Assets for children and youth ages 3-18 categorized into Internal and External Assets -Assets are conditions that foster better outcomes for both health and learning -Identifies circles of influence	https://www.search-institute.org/our-research/development-assets/asset-building-tools-resources/	Training for: 1) Leaders and Trainers: Essentials of Asset Building for Trainers and Facilitator 2) Everyone in an Organization or Community: Everyone's an Asset Builder	Impact is on individual change and community culture: school outcomes (grades and graduation rates), civic engagement; valuing of diversity, fewer problems with alcohol use, violence, illicit drug use, sexual activity Encourages commitment to asset-building action
Strengthening Families VT	Families, programs and communities	Defines 5 Protective Factors: Parental resilience; social connections; knowledge of parenting and child development, concrete support in times of need; social and emotional competence of children	https://cssp.org/resource/strengtheningfamilies101/ http://vaeyc.org/programs-and-services/strengthening-families/	17-hour Strengthening Families toolbox training 12-hour Essentials Training	The five protective factors at the foundation of Strengthening Families are characteristics that have been shown to make positive outcomes more likely for young children and their families, and to reduce the likelihood of child abuse and neglect
Youth Thrive	Youth workers; professionals working with youth in crisis involved with social services and Juvenile Justice System	Protective and Promotive Resiliency Factors; Physical and Neurological development of Youth; Neuroscience; Positive Youth Development, Impact of Trauma on Brain Development	https://cssp.org/resource/youththrive/	3 full-day trainings, 1x/month	Leadership and Governance; Programs and Service Array; Contracting and Licensing Procedures; Training and Supervision; Policy and Practice; Systems for Data Collection and Quality Improvement; Agency Culture and Approaches for Youth Engagement

Youth Thrive

<https://cssp.org/resource/youth-thrive/>

Youth Thrive is also a program of the Center for the Study of Social Policy. Youth Thrive aims to “transform the systems serving our nation’s youth in equitable ways, so that all young people have the opportunity to succeed” (www.cssp.org). Youth Thrive works with those working in child welfare, juvenile justice, and homeless systems to help mitigate further harm to young people involved with these systems. Vermont is currently one of six states in which Youth Thrive trainings are available. It promotes four resiliency factors: knowledge of adolescent development, social connections, cognitive and social emotional competence, concrete support in times of need, youth resilience.

Audience and Dissemination

The target audience for this assessment was the public health workforce in the Vermont Department of Health. The intention was to identify the educational needs of those whose work helps to develop primary and secondary prevention strategies aimed at fulfilling the objectives of the VT State Health Improvement Plan (VT-SHIP). Survey respondents were representatives from the Central and District Offices at the Vermont Department of Health. Some of the roles were Department Directors, District Directors, Prevention Consultants, Public Health Nurses, Analysts, Managers, and Program Coordinators. There were also respondents from administration, finance, and IT. This audience did not include direct service providers who may have a different level of knowledge and application of resiliency in their work.

Creation and Analysis of Survey

For the final production of this survey, Vermont Program for Quality in Health Care (VPQHC) assisted with the survey design and analysis. To obtain a variety of data, the survey contained a combination of close-ended (including likert-scale) and open-ended questions. Data was analyzed using quantitative and qualitative analysis techniques. The survey respondents had a two-week response period, from May 17 to May 31, 2019.

SURVEY RESULTS

Respondents

A total of 71 responses were received. No respondents were removed from the analysis. A list of respondents by role is available upon request.

Results Summary Overview

Data is presented by survey question. Each question includes a visual representation of the data, and where appropriate, a short narrative to highlight the gaps, challenges, and opportunities related to knowledge and skills among the public health workforce related to resiliency, and the application of resiliency frameworks – as well as an indication of the resources across the state that are available. When a question had an option for open-ended feedback a thematic analysis was provided, along with the verbatim responses.

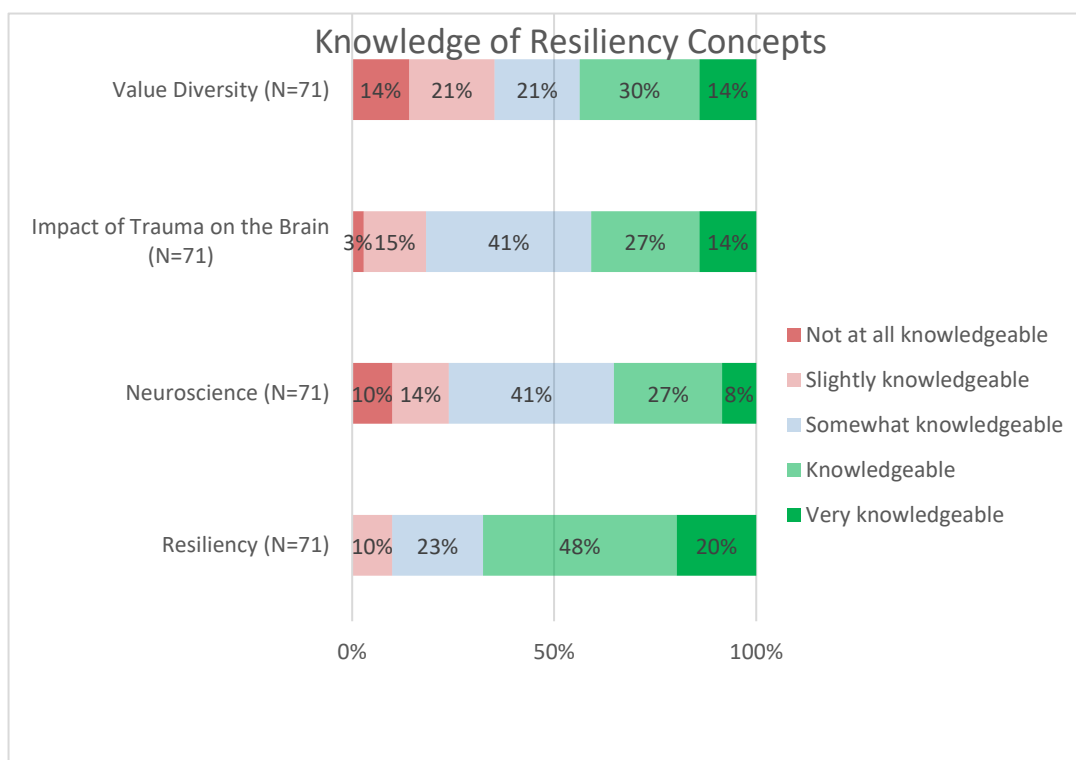
Survey Analysis

1. How familiar are you with the concept of resiliency?

		N
Very Familiar/Familiar	70.43%	50
Somewhat familiar	23.94%	17
Slightly familiar	5.63%	4
		71

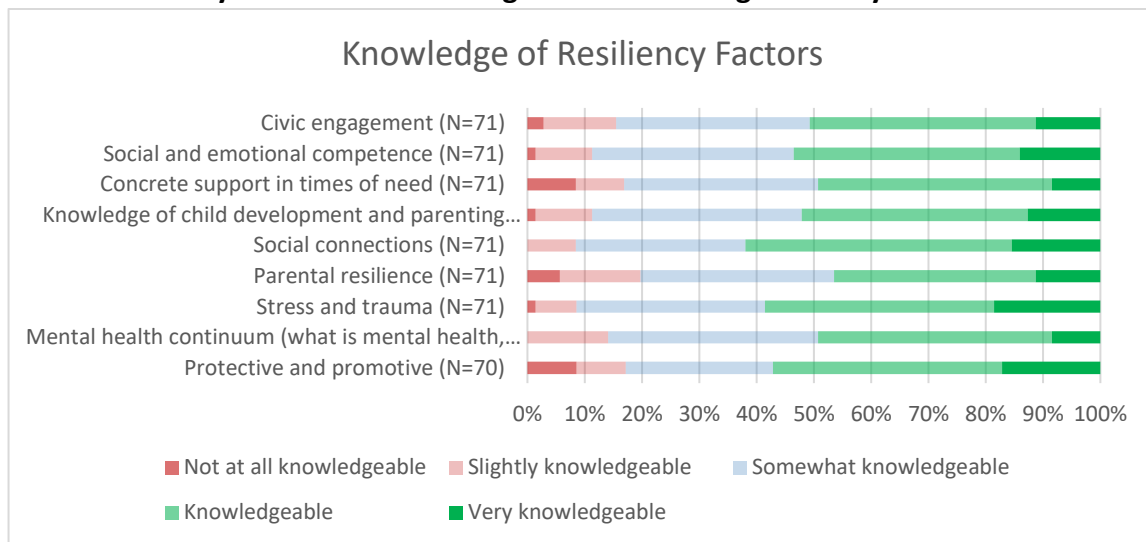
The majority of respondents identified as being very familiar, familiar, or somewhat familiar with the concept of resiliency. No respondents stated they were not at all familiar with the concept of resiliency.

2. Please indicate your knowledge of the following resiliency concepts:



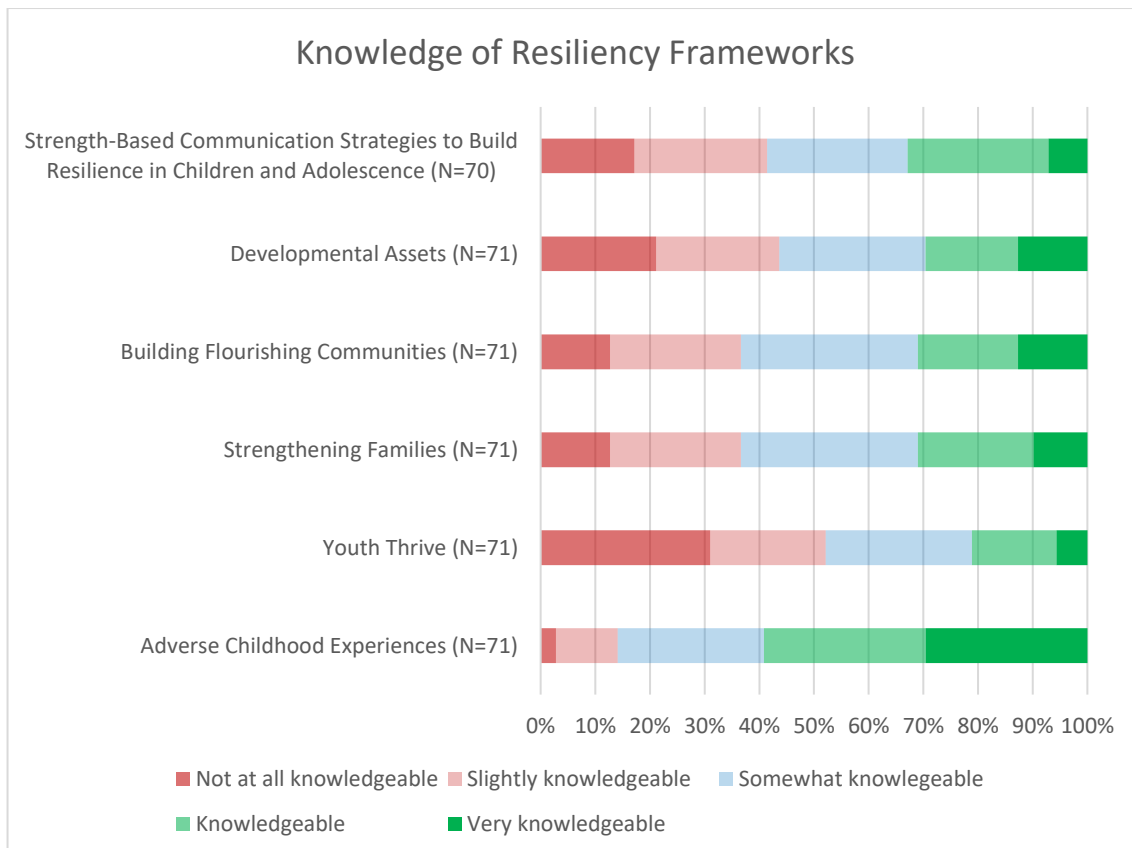
Respondents indicated they were most knowledgeable of the concept of resiliency. Slightly over 30% of respondents stated that they were not at all knowledgeable, or slightly knowledgeable, of the concept of value diversity.

3. Please indicate your level of knowledge of the following resiliency factors:



Almost 60% of respondents indicated that they were knowledgeable, or very knowledgeable about social connections as a resiliency factor. Two areas where respondents identified as being slightly, or not at all knowledgeable included: parental resilience (20% of respondents), protective and promotive (slightly under 20% of respondents).

4. Please indicate your level of knowledge of the following resiliency frameworks:



Slightly more than 50% of respondents identified as being only slightly knowledgeable (21%), or not at all knowledgeable (31%), of the Youth Thrive Framework. This was followed closely by respondents stating they were not at all familiar, or only slightly knowledgeable of: The Developmental Assets Framework (44%), the Strength-Based Communication Strategies to Build Resilience in Children and Adolescence (41%). Respondents were most familiar with the Adverse Childhood Experiences framework, with almost 60% identifying as being knowledgeable, or very knowledgeable, of this framework.

5. Are you familiar with any other resiliency concepts, factors, or frameworks not listed above?

		N
Yes	15.52%	9
No	85.48%	53
TOTAL		62

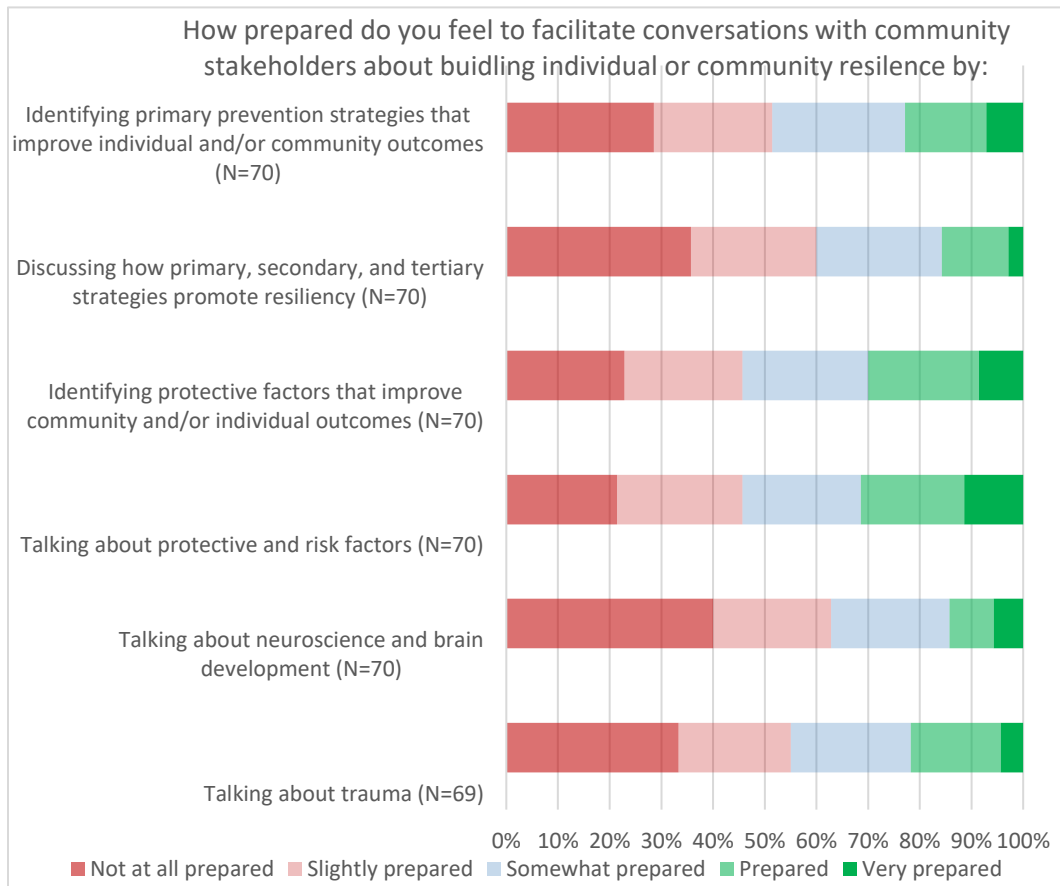
Please list the other resiliency concepts, factors, and frameworks you are familiar with, here:

Nine of 62 total respondents indicated that they were familiar with additional resiliency concepts, factors, or frameworks. Two respondents indicated that they were familiar with frameworks focused on disaster preparedness resiliency, such as the Community Disaster Resilience and Emergency Preparedness Resilience and Response. Several respondents shared examples of frameworks focused on prevention, for example the Bright Futures Guidelines and the Strategic Prevention Framework. One respondent expressed familiarity with the Circle of Courage Model, focused on youth development and another respondent expressed familiarity with Social Development Theory.

- *Hawkins and Catalano, Social Development Theory*
- *Circle of Courage Bright Futures guidelines*
- *AARC*
- *The Strategic Prevention Framework, from a provider's point-of-view when assisting others with identifying and implementing strategies.*
- *NEAR sciences*
- *prevention framework*
- *disaster preparedness resiliency*
- *money, power, privilege*
- *Raising Resilient Children and Teens by Kenneth Ginsburg - uses the 7 Cs*
- *Community Disaster Resilience and Emergency Preparedness Resilience and Response*

6. How prepared do you feel to facilitate community-level conversations with community stakeholders about building individual or community resilience by:

Almost half of respondents stated they felt slightly or not at all prepared to facilitate community-level conversations with community stakeholders about building individual or community level resilience, across all of the available options.



7. How important do you believe it is to apply resiliency frameworks to your work?

		N
Not at all important	2.86%	2
Slightly important	7.14%	5
Somewhat important	11.43%	8
Important/Very Important	78.57%	55
		70

The majority (79%) of respondents indicated they believed it was important/very important to apply resiliency frameworks to their work.

8. How would you describe your knowledge about how to connect resiliency strategies to the work you are doing?

		N
Not at all knowledgeable	14.29%	10
Slightly knowledgeable	18.57%	13
Somewhat knowledgeable	28.57%	20
Knowledgeable/Very Knowledgeable	38.57%	23

Of the 79% of respondents that stated they believed it was important or very important to apply, resiliency frameworks to their work (Question 7), almost 50% stated they were only slightly, or not at all knowledgeable, about how to connect resiliency strategies to their work.

9. How often do you apply resiliency frameworks to your work?

		N
Never	13.04%	9
Rarely	20.29%	14
Sometimes	36.23%	25
Usually	27.54%	19
Always	2.90%	2
		69

Of the 79% of respondents that stated they believed it was important or very important to apply, resiliency frameworks to their work (Question 7), 62% stated they never, rarely, or only sometimes, apply resiliency frameworks to their work.

10. Name up to three ways you apply resiliency frameworks to your work:

This section was completed by 41 respondents with a wide variety of responses. Themes emerged related to the ways resiliency frameworks are applied to work. Respondents report they:

- Apply resiliency frameworks through systems work
- Promote community supports and programs
- Advocate for trauma-informed approaches
- Hold a positive regard for clients and co-workers
- Encourage supportive relationships

Ten of 41 respondents listed they apply resiliency frameworks by promoting community supports, either by referring clients to important community resources or by supporting community based organizations at a systems level. One respondent stated that they apply resiliency frameworks through their “work with community groups to form cooperative alliances for problem solving”.

Eleven respondents stated that they apply resiliency frameworks in their work by educating others about risk and protective factors, or using their knowledge about risk and protective factors to guide their professional decision making. One respondent wrote: (I) “aim to use strength based language; aim to highlight potential vs. deficiencies; focus on protective factors” and another participant stated that “risk and protective factors drive” their work.

Ten out of 41 participants noted that they apply resiliency frameworks professionally by advocating for trauma informed training and ensuring that they are trauma informed themselves. One participant stated: “encourage trauma education for school staff and trauma informed practices in schools.”

Six out of 41 respondents stated that they apply resiliency strategies through their interactions with co-workers or clients, as one participant stated: “I try to operate with dignity and unconditional positive regard.”

Additionally, nine respondents stated that they apply resiliency frameworks by holding a person-centered and strength based approach with both direct client interactions and on a program planning level. One participant stated “program planning is strength-based, programs promote resiliency, strategic plan uses resiliency/strength based approach.” And another participant stated: “I provide participant centered service to families I work with; I look for ways to support and connect families w/resources outside of WIC; I help care takers set goals based on their strengths and desires.”

Comments organized by themes are as follows:

Apply Resiliency Frameworks through Systems work

- *Program planning is strength-based, programs promote resiliency, strategic plan uses resiliency/strength-based approach*
- *Applying integrated approaches in strategic planning*
- *Writing/designing state health assessment/improvement plan; creating*
- *Interpretation of data; Determination of strategies; Educating partners*
- *Promote diversity/inclusivity*
- *"Nothing for me without me" to bring diverse stakeholders to table*
- *My role is consultative and supportive for VDH staff so it's through their work*
- *Exercising emergency plans and documenting After Action and Improvement plans with communities; Assessing risk to vulnerable populations and incorporating mitigating strategies into plans; Working with DMH to build Behavioral Health in Disasters program*
- *Systems that operate under conditions of fiscal austerity do not promote the application of resiliency in their work*

Promote community supports and programs

- *Promote quality and accessibility of community supports; promote supportive relationships (both among individuals and among community providers) promote/demonstrate empathy; understanding, acceptance in all levels of work*
- *I teach the Substance Abuse Prevention Skills Training, which has a big focus on risk and protective factors. I regularly present on the underlying causes of substance use, which includes a discussion on developmental assets, ACES, and risk and protective factors.*
-

- *Development of parent education campaigns; Planning of recovery supports; Internal staff development*
- *I only know them generically as seeking the help of professionals, though they are in short supply*
- *Helping identify appropriate strategies; Supporting our local Prevention Coalition in their work; In the work of our ACH and recent CHNA*
- *Promoting home visiting; working with populations at risk; working upstream = promotion promote film screenings – resilience*
- *Risk and protective factors drive work; Strategies selected address Risk/Protective Factors*
- *collect data on protective factors; collect data on risk factors; collect data on health outcomes*
- *when designing data reports/analysis; when explaining programs to colleagues; when exploring new public health issues*
- *I look for ways to support and connect families w/resources outside of WIC;*
- *Make referrals for families to get supports; Outreach for WIC for nutritious foods;*
- *Support the WIC program nutritionists to provide nutrition education since a healthy diet can lead to resilience;*
- *Making referrals to community partners around housing;*
- *Share community resources with families; promote programs that teach parenting skills; Host*

Advocate for and use resilience and trauma-informed frameworks and approaches

- *Encourage trauma education for school staff and trauma informed practices in schools; Work with community groups to form cooperative alliances for problem solving;*
- *Feature protective factors in prevention work; Approach change management from strength-based frame; Focus on ACES and Lifecourse Theory in prevention work*
- *We are using the ACE's framework within the child fatality team to inform ways of preventing child death by building resiliency in the family, community, and schools; Much of the evidence base in fall prevention lies around building physical resilience to falls/accidents; The injury prevention advisory group utilizes risk and protective factors in building strength based solutions as they cross-cut injury topic areas and allow for greater collaboration*
- *Providing education for positive parenting; awareness of trauma informed care; providing opportunities for parents/children to engage in play/reading together/bonding*
- *Look at work, policies and procedures through a trauma sensitive lens; Established discussion on health equity into monthly staff meetings; Outreach and collaboration with local partners to promote vulnerable populations' strengths*
- *Support my employees in professional development in trauma, resiliency, brain development, etc.*
- *speaker that spoke about ACES*
- *To better understand behavioral issues in children; to better understand how ACES may lead someone to develop a substance use disorder; thinking about ACES related to the development of chronic diseases*
- *STRONG families, Discuss at Coalition meetings; Discuss at CIS meetings*
- *Resilience is a key component of our IFS and ACH work*
- *Discussing and explaining how protective/risk factors impact substance use*
- *Education to community partners; share educational presentations with community*
- *Help Me Grow uses a protective factor survey*
- *Adolescent unit uses Youth Thrive principles;*
- *Home visiting model (Strong Families) assesses for strengths*

Hold a positive regard for clients and co-workers

- *aim to use strengths based language; aim to highlight potential vs. deficiencies; focus on protective factors*
- *asking who is not at the table, what questions have not been asked, what are the existing structures to support change, what else do our partners, colleagues, target populations want to say about the issue topic, do they feel heard*
- *Working with clients that have been impacted by trauma;*
- *I come to the work of public health prepared to ensure safety for all;*
- *Disaster preparedness resiliency and trauma-informed care*
- *Investing in self-care practices (yoga, meditation etc)*

Encourage supportive relationships

- *Not sure if this is resiliency but we use motivational interviewing in our programs*
- *I only know them generically as with talking family and friends;*
- *Framing and reframing problems and challenges as opportunities;*
- *Identifying developmental assets either in words during conversations or in my view of the other person in most communications;*
- *Decompressing with service providers around the work they do with consumers;*
- *Supporting staff in the constant challenges of their scope of work*
- *I provide participant centered service to families I work with; I help care takers set goals based on their strengths and desires*
- *By building social connections at work*
- *Communication with clients*
- *Allowing for multiple no shows without discharging patients*
- *Meeting clients where they are*
- *I try to operate with dignity and unconditional positive regard*
- *In the way I interact with clients;*
- *Case conferencing with coworkers about client situations such as discussing what I do with people who don't know what WIC is*
- *Guidance on language/ images; modeling strengths-based language*

11. Have you completed training related to any resiliency frameworks?

		N
Yes	36.51%	23
No	63.49%	40
		63

Over 60% of respondents indicated they have never received training related to resiliency frameworks.

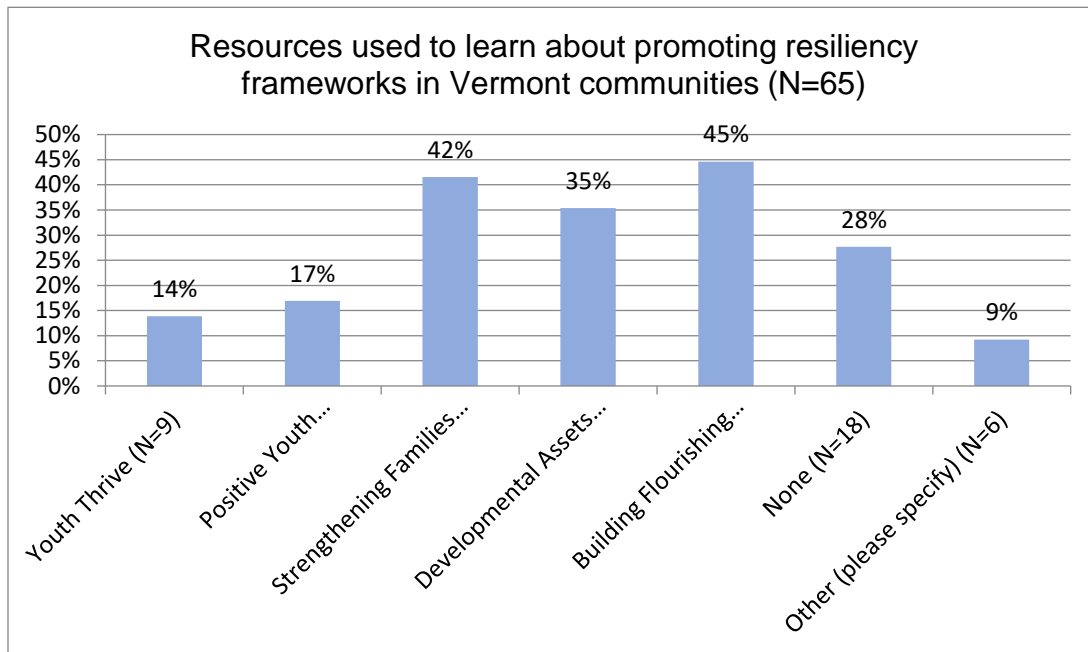
Please indicate which resiliency frameworks you have received training in, along with the date, and whom you received the training from, below. Provide as much information as you can recall:

Twenty respondents completed this section. Seven reported receiving training in Building Flourishing Communities, six participants reported participating in training on ACEs, and three reported receiving NEAR Science Training. Respondents listed 14 additional frameworks they had received training in. See below for the full list of trainings.

- *Building Flourishing Communities – December 2016 and within the past year (n=10)*
- *40 Development Assets-Search Institute, Risk and Protective Factors (n=6)*
- *ACES (within two years -n=5)*
“ACE interface master trainer cohort and some continued professional development for which I have been asked to participate in only when it does not in any way tax the resources of the Office of Local Health.”
- *Strengthening Families – last 5 years (n=3);*
- *Youth Thrive – last 4 years (n=2);*
- *Trauma informed treatment approaches – last 2 years*
- *Social Development Theory – last 20 years*
- *NEAR sciences from the Master Trainers (from Building Flourishing Communities (n=3)*
- *Various webinars on trauma and ACEs*
- *Greenleaf’s Servant Leadership Theory, “Neuroscience of Learning” maybe other name for it*
- *Circle of Courage*
- *CIS Institute speakers*
- *Presentation to VDH OHL leadership with Priscilla White. Resiliency film showing and panel discussion at Montpelier HS in 2017.*
- *I attended a two part workshop on Developmental Trauma in March and May of 2018. I believe it was funded by Building Bright Futures and the trainer was Dave Melnick from NFI Vermont. I found this training incredibly important and helpful to my daily work. It would be great to have more training like this one.*
- *Dave Melnick-Trauma Across the Lifespan, techniques, strategies*

12. Which of the following resources have you used to learn about promoting resiliency frameworks in Vermont communities? Check all that apply.

Respondents indicated that Building Flourishing Communities (N=29), Strengthening Families (N=27), and Developmental Assets (N=23), were the most commonly used resources for learning about promoting resiliency frameworks in Vermont communities. Eighteen (28% of) respondents indicated they have not used any resources to learn about promoting resiliency frameworks in Vermont communities. Please note that respondents were asked to select as many options as applicable for this question.



Other:

- *I use resiliency frameworks from an emergency preparedness perspective as with a "whole community" approach and with "interagency planning" and practice of those plans*
- *Substance Abuse Prevention Skills Training*
- *The previous work our district office has done to understand and promote the impact of ACEs*
- *ACES trainings*
- *ACES resources/trainings*
- *Emergency Preparedness Planning guidances*

13. Do you feel you have the support you need to successfully apply resiliency frameworks to your work?

		N
Yes	45.16%	28
No	54.84%	34
		62

What additional supports do you need in order to be able to successfully apply resiliency frameworks to your work? Some examples include: - Training: face-to-face, regional, online, local with community partner- Online tool kit with research & resources- Technical assistance from AHS/VDH- Supervisors or other colleagues with in-depth training:

Of the 27 respondents that filled out this section 16 people (59%) stated that they felt they needed additional training in order to successfully apply resiliency frameworks to their work. Some respondents requested specific trainings, such as training with Laura Porter, Near Science, and training specifically for supervisors. Five people stated they would benefit from all of the examples listed above. Six people requested additional resources and said they would benefit from an online tool kit.

Overall, comments fell into these categories:

- Training
- Expanded Understanding/Technical Assistance
- Resource Inventory and Hub
- Other

Comments Related to Supports Needed:

Training

- *All of the above (n=5)*
- *Training: face-to-face, regional, in-house, online, and local with community partner*
- *Additional training in resiliency frameworks would be helpful with a chance to discuss use of these frameworks with other staff (n=6)*
- *ACEs need to be considered in VDH Central Office in terms of selecting priorities and strategies to help communities build resiliency across the state.*
- *More training on routinely incorporating NEAR science into public health interventions (n=2)*
- *Training within my division on application of resiliency frameworks. In-person trainings or even guided group discussions at VDH could be a great starting point.*
- *Supervisors, Managers or other colleagues with in-depth training (n=4); In-depth training as a supervisor specifically to be able to utilize frameworks on our work and also how to communicate with all partners the importance of these frameworks in our work*
- *Face-to-face training for program areas that are not directly connected to this work (for example, environmental regulatory programs).*

Expanded Understanding/Technical Assistance

Technical Assistance in applications to work

- *I have not received any training about resiliency for my VDH work. Long ago I worked in social work. What I know is from that time. So I need any and all supports as this topic relates to public health - training, info, resources, skills, etc.”*
- *More understanding of the other frameworks*
- *I have very good support from leadership for the use of resiliency framework but can always benefit from additional tools and TA in directly applying to my work related projects*
- *My limited understanding of resiliency frameworks comes from work outside of Vermont. Although I understand the value of this work, it's not a regular part of the dialogue or strategic planning in VDH's Chronic Disease Prevention Division.*

Resource Inventory and Hub

- *Online Toolkits (n=6)*
- *A cumulative inventory of resources/toolkit of available information would also be helpful so that I can continually revisit the resources as necessary.*
- *Training would be nice and then follow up resources for use (n=2), it can be hard to link to some topic areas but I am sure I am just not thinking about it*

Other

- *Conditions of fiscal austerity only undermine the vision of having the nation's premier system of public health, enabling Vermonters to lead healthy lives in healthy communities. It might not be possible to integrate resiliency into such a system.*
- *Increased collaboration with DMH to strengthen joint programs, Training on the effects of Trauma,*
- *Small funds to develop presentations or partner with other groups offering educational opportunities*
- *I don't know that resiliency frameworks would apply to IT infrastructure*

14. Please list resources in Vermont you have used for assisting with building resiliency at the community level:

Table 2: RESILIENCY RESOURCES IN VERMONT

Vermont community organizations/individuals:	Vermont state organizations/individuals:	Vermont trainings:	Print/online resources:
Northwestern Counseling and Support Services: Sam Thomas-NEAR Sciences	Mary Pickener Vermont Department of Health (VDH)		
Youth Services Bureaus	Homeless and Runaway Youth Department of Mental Health (DMH) VDH Division of MCH	Building Flourishing Communities (BFC); Regional Prevention Partnership Trainings	Center for the Study of Social Policy Search Institute DMH website
Wide array of other community orgs; Outright, youth serving orgs	VT Network Against Domestic and Sexual Violence		
Childhood Trauma Education Initiative, Thrive	Building Flourishing Communities Northeastern Family Institute (NFI)- Dave Melnick, Joelle VanLent	Adverse Childhood Experiences, BFC	
Town Volunteer Fire Department and Emergency Medical Service, Select Board, Planning Commission and Churches	A large number of Vermont emergency management agencies, departments and individuals supporting emergency response and recovery.	Fifteen years of Vermont Department of Health meetings, projects and trainings which better prepare us for people-oriented work no matter what it specifically is focused on at the time.	
Kim Pierce, N.P.- Plainfield Health Center	Child and Family Trauma Work Group	NEAR Sciences	Too many to recall or list
Building Flourishing Communities presenters			Resilience movie/showings
Michelle Maitri Mudita-Northeast Kingdom Learning Services	Kari White-Northern Counties Healthcare		
ADAP - funded prevention coalitions			
Profession-specific and faith organizations			

Vermont community organizations/individuals:	Vermont state organizations/individuals:	Vermont trainings:	Print/online resources:
Building Flourishing Communities	Office of Alcohol and Drug Abuse Programs, VDH		SAMHSA focus on protective factors
Center for Health and Learning		Equity Solutions training	
Help Me Grow	Division of Children and Families	BFC, Strengthening Families	
VT Afterschool, Inc.			
VT Association for the Blind	211, Medical Reserve Corp		
Building Flourishing Communities, Childhood Trauma Education Initiative		NFI - David Melnick Joellen Van Lent, Psy.D., Trauma-informed consultants	Dr Burke-Harris, Surgeon General, California
Lamoille Family Center	Building Bright Futures		Building Bright Futures
Department of Health	Department of Education	Building Flourishing Communities, Futures Without Violence	Futures without Violence
Community Action			
Help Me Grow			CSSP Strengthening Families/ Youth Thrive
Churches, community volunteers, the people who live in those communities, Orleans County Restorative Justice Center, The 99 gallery, Newport Wireless Mesh project, Fresh Start Community Farm, local small elementary schools as ad hoc community centers, Northeast Kingdom organizing, Upper Kingdom food access	Building Bright Futures/ Promise Grant Help Me Grow	NFI Vermont/Building Bright Futures Training on Developmental Trauma STRONG Families	
Local individuals that speak on ACES BBF Council		Youth Thrive	
OK campaign	OK campaign	Building Flourishing Communities/OK campaign	OK campaign
VEM, DMH, Washington County Mental Health,	Mourning Fox, Samantha Sweet, VT Cares, VT Care Partners		SAMHSA, FEMA, CDC, TRACIE?, On-Trac?

15. What are your recommendations to VDH for developing a workforce development plan related to this work?

Question 15 was completed by 33 respondents. There was a variety of recommendations shared, though the majority fit into three main themes:

1. Increased opportunity for trainings and access to resources
2. The need for strategies to directly operationalize resiliency frameworks, and
3. Increased collaboration and communication within VDH and with community partners

Twenty of the 33 respondents (61%) recommended that VDH provide more opportunity for trainings, work groups, or provide tool kits with resources related to resiliency. One respondent recommended: “ongoing trainings to build on knowledge and hear how others are incorporating work, what challenges others are facing and how they have worked through challenges.” 15 of the respondents (45.5%) recommended training focused on operationalizing resiliency strategies, as one participant stated: “offer trainings and an ongoing learning collaborative to assist with ongoing application of theory and technique to programming.” A second participant recommended: “Move from data and conceptual into practical.” Seven participants recommended that VDH increase communication and collaboration within VDH and with community partners. One participant recommended: “Collaborating with other AHS departments to ensure an integrated approach in developing the workforce development plan.” Similarly, a second participant stated “Whatever the plan is, the medical offices and social service agencies-anyone that interacts with clients-need to be an integral part of this process.” Comments fell into these categories:

- Determine Approach
- Training Design and Delivery
- Resource Hub
-

Comments related to Developing a Workforce Development

Determine Approach

- *Ensure leadership support.*
- *Focus less on promoting concepts/frameworks and more on promoting programs that utilize the framework. The goal is the outcome and not necessarily the understanding of the framework.*
- *There are mixed messages about engaging in resiliency work on the district office level. Most of it in the community has to be done outside of work hours on a volunteer basis. The thirst for this knowledge in the community is strong. It would be great if it were embraced and woven throughout our agency work in serving to advancing our mission. It would be an improvement if the aspirational goals could be embraced and functionally aligned as an integrated and vital part of our work.*
- *Apply adult learning theory and appreciative inquiry so that the employee gets to expand their own personal knowledge of how it applies to their work. Starting with an exploration of personal beliefs about change. Focus on the 20 % of early adopters and then work on the 60% followers. The 20% resisters will leave or adjust and maybe begin believing in themselves. Continue with the Health in All Policies message. Health and Resilience are one and the same.*
- *Make resiliency, like equity, cross-cutting regardless of condition/problem being addressed; Partner with community-based agencies involved in advancing the concepts of individual and community resiliency so that there is consistency in language, training, programming, etc. so that application of concepts can be mutually reinforcing to the various audiences*

- *Cross walk frameworks to assure clarity agree on guiding principles and language connect to AHS trauma prevention and resilience director*
- *Include protective factors in our Work Plan*
- *Integrate into existing work Shared language across all staff*
- *Perhaps a workgroup similar to the HEAT team could come to together and discuss how to communicate the importance of using resilience frameworks in our jobs. This team could also develop online resources and training for staff.*
- *Move from data and conceptual into practical.*
- *Collaborating with other AHS Departments to ensure an integrated approach in developing the workforce development plan.*
- *Evaluate what areas of the department would best benefit from training opportunities, and how other areas might be able to find connections to this work through other means.*

Training Design and Delivery

- Organize training by levels, e.g., 101 for staff who have not been exposed; 201 for application to staff roles and job duties
- Develop and implement a TOT for VDH staff assigned to Building Flourishing Communities training team
- Assess what levels of training are needed depending in staff roles. Coordinate across AHS to ensure alignment with AHS trauma and resilience efforts. Make sure there are lots of examples of how concepts are being and can be operationalized. Use key content experts for the training.
- Revive the Trauma 101 training, or some other model, as a required orientation training for all state employees. (See Ken Epstein's work in San Francisco)
- I am not sure if one size or type fits all. Approaches and interested participants may vary for those that work with individuals with needs on a routine basis and for those working to prepare whole communities for disasters. I would prefer to train with a perspective more likely meaningful to my work, rather than a generic one that only tangentially relates to my broader purposes.
- Trainings many times, many ways - offer regular, mandatory trainings for all staff. Make it part of new-hire orientation. Give in-depth training to 2 regional staff people, have them be the local go-to people
- Offer trainings and organized as an ongoing learning collaborative to assist with ongoing application of theory and technique to programming.
- Offer a training and then a workspace for folks to continue to foster and apply the learning they have gained from the training.
- Ongoing training to build on knowledge and hear how others are incorporating work, what challenges others are facing and how they have worked through challenges
- Please have qualified trainers (not CAPS) that can teach this work, specifically trainers that have actually applied public health experience using these frameworks in a varied of fields
- Important that all staff are trained in trauma informed care and resiliency to include self care in difficult situations
- A series of 2-4 trainings/ short webinars on 1. Overview of Issues, factors, resiliency applications, etc at ind, family, org, community, state levels; with detailed follow-up on any of these levels, with several examples of populations for each.
- I could do a grand rounds on Addison County's OK campaign

Resource Hub

- *I feel there is sufficient information out there already. It would be helpful to have a hub for all these resources; it's been a disparate effort thus far so anything to help better coordinate Vermont's response to existing ACEs and preventing future trauma would be most helpful.*
- *Development of a resource tool kit and strategies to more consistently integrate resiliency frameworks into VDH programming and divisions would be helpful.*
- *A tool kit would be welcomed with access to webinars or online training that could be incorporated into orientation*
- *Whatever the plan is, the medical offices and social service agencies- anyone that interacts with clients- need to be an integral part of this process.*
- *Joint work with DMH. Ensure the plan and implementation is communicated to staff as a whole and not just kept in the hands of a few that serve on the committee.*
- *Repeat and expand on Building Flourishing Communities. Also, address resiliency in direct service. How do we support our WIC families?*
- *Offer a couple different trainings, some that address the basics, and some that are more detailed. Based on the different types of work people do at VDH, there will be range of baseline knowledge and needs. For some folks, the opportunity to promote community resilience comes in the form of grant writing. For others, strategies and tools to engage community partners with would be most helpful.*

16. Please include any additional comments, here:

- *There are many who work with people here at Health as individual cases, and some who work with people as a population. Hopefully we can consider resiliency from both operational frameworks and how it fits into other resiliency efforts.*
- *I can't imagine any strategy to prevent disease that would work better than having all staff know about ACES and resiliency*
- *This is great to heighten importance of this concept for VDH staff in all divisions - it will help us also in assisting our community colleagues to understand and apply these principles.*
- *There is a community interest in ACES and trauma care - need funding to support the continued trainings*
- *I think it would be informative to reflect on the fact that the system that we all work within is subject to the whimsy of the economic policies from administration to administration. I wonder what impact under funding systems of care will have on the overall social determinants of health? I am wondering if it will lead in a rise in the use of services over time? I wonder where that will leave these same systems in five or even ten years from now?*
- *Thanks for your work on this! (n=2)*

SURVEY ANALYSIS HIGHLIGHTS

- The majority of respondents identified as being very familiar, familiar, or somewhat familiar with the concept of resiliency. No respondents stated they were not at all familiar with the concept of resiliency.
- Almost 60% of respondents indicated that they were knowledgeable, or very knowledgeable about social connections as a resiliency factor. Two areas where respondents identified as being slightly, or not at all knowledgeable included: parental resilience (20% of respondents), protective and promotive factors (slightly under 20% of respondents).
- With regard to Resiliency frameworks, respondents were most familiar with the Adverse Childhood Experiences framework, with almost 60% identifying as being knowledgeable, or very knowledgeable, of this framework.
- Respondents stated they were not at all familiar, or only slightly knowledgeable about: Youth Thrive (50%), The Developmental Assets Framework (44%), and Strength-Based Communication Strategies to Build Resilience in Children and Adolescence (41%).
- Nine of 62 total respondents indicated that they were familiar with additional resiliency concepts, factors, or frameworks. These included:
 - *AARC (no name provided)*
 - *Circle of Courage Bright Futures guidelines*
 - *Community Disaster Resilience and Emergency Preparedness Resilience and Responses*
 - *Money, power, privilege*
 - *NEAR sciences*
 - *Social Development Theory - Hawkins and Catalano*
 - *Strategic Prevention Framework (from a provider's point-of-view when assisting others with identifying and implementing strategies)*
 - *7 C's Model of Resilience: competence, confidence, connection, character, contribution, coping, and control; and Raising Resilient Children and Teens - Dr. Ken Ginsburg, MD, FAAP*
- The majority of respondents (79%) indicated they believed it was important or very important to apply resiliency frameworks to their work.
 - Of the 79% of respondents that stated they believed it was important or very important to apply resiliency frameworks to their work, almost 50% stated they were only slightly, or not at all knowledgeable about how to connect resiliency strategies to their work, and 62% stated they never, rarely, or only sometimes, apply resiliency frameworks to their work.
- Some respondents expressed they may not be in a position where resiliency and the application of resiliency frameworks is applicable to their work.
- Over 60% of respondents indicated they have never received training related to resiliency frameworks.
- Respondents suggested a 101 training would be beneficial, but that additional training and application strategies should be tailored to an employee's position, and a "one size fits all" approach may not be appropriate.
- A respondent suggested the focus should be less on promoting concepts/frameworks and more on promoting programs that utilize the framework. The goal is the outcome and not necessarily deep understanding of the framework.

Resources in Vermont

See Table 2: RESILIENCY RESOURCES IN VERMONT

Respondents identified resources in Vermont across four categories for assisting with building resilience at the community level, for training, print and online resources.

The four categories are:

1. Community organizations/individuals
2. State organizations/individuals
3. Training
4. Print/online (Note: federal and state websites were identified)

A list of resources as reported across categories is summarized in Table 2: RESILIENCY RESOURCES IN VERMONT. Note: there was overlap in identification of resources across all categories.

Responses related to Workforce Development

The survey asked for recommendations for developing a workforce development plan. There were a variety of recommendations shared, though the majority fit into three main themes:

1. The need for VDH to determine an approach and focus on strategies to directly operationalize resiliency frameworks
 2. Increased opportunity for trainings and access to resources
 3. Increased collaboration and communication within VDH and with community partners
- Twenty of the 33 respondents (61%) recommended that VDH provide more opportunities for training and work groups. One respondent recommended: “ongoing training to build on knowledge and hear how others are incorporating resiliency into their work, what challenges others are facing and how they have worked through challenges.” Fifteen of the respondents (45.5%) recommended training focused on operationalizing resiliency strategies, as one participant stated, “offer trainings and learning collaborative opportunities to assist with ongoing application of theory and technique to programming.” Another participant suggested, “Move from data and conceptual into practical.”
 - Seven participants recommended that VDH increase communication and collaboration within VDH and with community partners. One participant recommended: “Collaborating with other AHS departments to ensure an integrated approach in developing the workforce development plan.” Similarly, a second participant stated, “Whatever the plan is, the medical offices and social service agencies-anyone that interacts with clients-need to be an integral part of this process.”
 - The provision of tool kits with resources related to resiliency was suggested.

CONCLUSION

A bridge can be built between recent efforts in Vermont to increase knowledge about Adverse Childhood Experiences (ACE) and trauma-informed approaches, with the promotion of resiliency based approaches in primary and secondary prevention.

ACE describes a set of outcomes associated with adversity. Trauma-informed approaches aim to decrease the impact of trauma on child development and learn how to effectively minimize its effects without causing additional trauma. The four resiliency frameworks introduced in Vermont relate to the individual and community level strategies which build protective factors for dealing with adversity in life across the lifespan. Awareness has been built about the relationship between protective and risk factors in the environment and health outcomes. It is timely to place emphasis and resources into public health workforce development that promotes the use of strengths-based frameworks and strategies in the work.

The majority (79%) of respondents indicated they believed it was important/very important to apply resiliency frameworks to their work. Of the 79% of respondents that stated they believed it was important or very important, almost 50% stated they were only slightly, or not at all knowledgeable, about how to connect resiliency strategies to their work. In addition, 62% stated they never, rarely, or only sometimes, apply resiliency frameworks to their work. In other words, they understand the importance of the concepts and frameworks, but they are not sure how to apply them to the work they do.

The majority of respondents indicate they do not have the support currently to successfully apply resiliency frameworks to their work. An important next step is to prioritize the supports that can be offered to the workforce to engage in action planning internally and externally with partners. The aim is to apply resiliency frameworks and concepts to their roles and responsibilities in public health planning, and in collaborations with other organizations who do direct client service. Three main areas of support are recommended: 1) Increased collaboration and communication within Agency of Human Services, VT Department of Health and with community partners, 2) Training, 3) Technical Assistance.

RECOMMENDATIONS

Generally, the public health workforce surveyed is anxious to connect resiliency frameworks to strategies, individualized to the role and settings in which they work. These recommendations build on this interest. Three main areas of support are recommended:

- ✓ Workforce Training
- ✓ Resources and Technical Assistance
- ✓ Communication, collaboration and planning

Workforce Training

- 1) Expand the focus from resiliency frameworks to primary and secondary prevention strategies and programs.
- 1) Ensure that all public health workers and their partners understand the continuum of frameworks across the lifespan that promote community resiliency, risk and protective factors and asset development.
- 2) Make an explicit connection between the impact of trauma on health outcomes (Adverse Childhood Experiences) and trauma-informed care strategies to primary prevention strategies.

- 3) Focus on the content and skills needed to engage organizations vested in promoting mental health and moving community level work toward strengths and asset building approaches. Increase ability to:
 - a. communicate about strengths-based approaches;
 - b. facilitate community level conversations about how strengths-based approaches contribute to community level resiliency;
 - c. identify strengths-based approaches and programs.
- 4) Harness the knowledge of the workforce that indicated awareness of additional resiliency concepts, factors, or frameworks including these identified resources, e.g., *Circle of Courage*, *Building Bright Futures guidelines*, *Community Disaster Resilience and Emergency Preparedness Resilience and Responses*, *Money, power, privilege*, *NEAR sciences*, *Social Development Theory - Hawkins and Catalano*, *Strategic Prevention Framework*, *7 C's Model of Resilience: competence, confidence, connection, character, contribution, coping, and control*; and *Raising Resilient Children and Teens - Dr. Ken Ginsburg, MD, FAAP*
- 5) Cultivate a skills set among supervisors and peer colleagues that supports the integration of resiliency strategies into day to day operations.
- 6) Provide training opportunities and access to resources in a variety of formats, including face-to-face and online, and with regional colleagues and local community partners.

Communication, Collaboration and Planning

- 1) Increase collaboration, communication and planning within Agency of Human Services (AHS) and Public Health and with community partners to focus on primary prevention strategies aimed at building resiliency.
- 2) Ensure internal integration of the focus on risk and protective factors and community supports and programs to the AHS workforce development plan.
- 3) Inventory, examine and identify exemplary policies and programs that support the implementation of strength-based strategies. Consider how best to promote community level work through further research and assessment, in order to address process, tools, costs and savings.
- 4) Undertake an action planning process to ensure application of resiliency frameworks and primary prevention strategies complimentary to the work being done with trauma-informed approaches and ACES.

Resources and Technical Assistance

- 1) Identify and prioritize assistance to public health workers to apply resiliency frameworks and concepts to their work in public health planning, and to work with partner organizations who do direct client service
- 2) Provide technical assistance to staff related to strategies that directly operationalize resiliency frameworks into roles and responsibilities.
- 3) Provide a Resource Hub through an online Tool Kit with research and resources.

CITATIONS

2019, January 15 (submitted). Gobeille, Al, Secretary AHS and Ena Backus, Director of Health Care Reform AHS. *Report to The Vermont Legislature: Childhood Adversity; Response Plan* in Accordance with Act 43. Sec.4A and Act 204 Sec.4: *An Act Relating to Building Resilience for Individuals Experiencing Adverse Childhood Experiences*.

Frameworks

Adverse Childhood Experiences from the Adverse Childhood Experiences Study: *Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., . . . Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. American Journal of Preventive Medicine, 14(4), 245-258.*

Building Flourishing Communities, Agency of Human Services Department of Mental Health. <https://mentalhealth.vermont.gov/prevention-and-promotion/building-flourishing-communities-0>

Reaching Teens: Strength-Based Communication Strategies to Build Resilience in Children and Adolescence. American Academy of Pediatrics, eds. Ginsburg, Kenneth R. MD, MS Ed, FAAP, FSAHM, and Sara B. Kinsman, MD, PhD. Copyright 2014.

Search Institute Developmental Assets Framework. 2017. <https://www.search-institute.org/our-research/development-assets/developmental-assets-framework/>

Strengthening Families. Center for the Study of Social Policy. <https://cssp.org/our-work/project/strengthening-families/>

Youth Thrive. Center for the Study of Social Policy. <https://cssp.org/our-work/project/youth-thrive/>

APPENDIX A: ASSESSMENT ADVISORS

Vermont Community Resilience Assessment Advisors January – May 2019

Kathy Hentcy, Director Mental Health and Health Care Integration
Agency of Human Services

Cheryle Huntley, Operations Director
Youth and Family Services and Addiction Recovery Services
The Counseling Service of Addison County, Middlebury, VT
Pilot for IFS and Resilience

Heidi Klein, Director of Planning and Health Care Quality
Vermont Department of Health
State Contact NEPHTC for VTPHI

Marcia LaPlante, Director of Community Services and Planning
Division of Alcohol & Drug Abuse Programs
Vermont Department of Health

Zan Lewis, Program Specialist
Center for Health and Learning

Nick Nichols, Prevention Program Manager
Division of Alcohol & Drug Abuse Programs
Vermont Department of Health

Allison Reagan, Director of Local Health
Office of Local Health
Vermont Department of Health

Beth Shrader, Program Consultant
Center for Health and Learning

JoEllen Tarallo, Executive Director
Center for Health and Learning

Karla Todd, Program Manager
New England Public Health Training Center
(Health Resources and Services Administration sponsored benefactor)

Matt Wolf, Youth in Transition Program Coordinator
Vermont Federation of Families for Mental Health

APPENDIX B: SURVEY

May 14, 2019

All answers will be kept confidential. Should you have any questions, feel free to reach out to JoEllen Tarallo, at the Center for Health and Learning: joellen@healthandlearning.org or (802) 251-0488.

This survey is using the following definitions:

Resiliency: the ability to recover from set backs, adapt well to change, and keep going in the face of adversity (SHIP 2018).

Resiliency Framework: a set of ideas and practices that promote resiliency.

Community Resiliency: the ability of a community to use its assets to strengthen public health and healthcare systems and to improve the community's physical, behavioral, and social health to withstand, adapt to, and recover from adversity (PFE - US Department of Health & Human Services).

QUESTION 1: Please provide the following information:

Role:

Organization:

QUESTION 2: How familiar are you with the concept of resiliency? Not at all familiar/Slightly familiar/Somewhat familiar/Familiar/Very familiar

QUESTION 3: Please indicate your knowledge of the following resiliency **concepts**:

CONCEPTS	Not at all knowledgeable	Slightly knowledgeable	Somewhat knowledgeable	Knowledgeable	Very Knowledgeable
Resiliency					
Neuroscience					
Impact of Trauma on the Brain					
Value Diversity					

QUESTION 4: Please indicate your knowledge of the following resiliency **factors**:

PROTECTIVE FACTORS	Not at all knowledgeable	Slightly knowledgeable	Somewhat knowledgeable	Knowledgeable	Very Knowledgeable
Protective and Promotive					
Stress and Trauma					
Parental resilience					
Social connections					
Knowledge of child development and parenting approaches					
PROTECTIVE FACTORS	Not at all knowledgeable	Slightly knowledgeable	Somewhat knowledgeable	Knowledgeable	Very Knowledgeable

Concrete support in times of need					
Social and emotional competence					
Civic engagement					

QUESTION 5: Please indicate your knowledge of the following resiliency **frameworks**:

FRAMEWORKS	Not at all knowledgeable	Slightly knowledgeable	Somewhat knowledgeable	Knowledgeable	Very Knowledgeable
Adverse Childhood Experiences					
Youth Thrive					
Strengthening Families					
Building Flourishing Communities					
Developmental Assets					
Strength-Based Communication					
Strategies to Build Resiliency in Children and Adolescence					

QUESTION 6: Are you familiar with any other resiliency concepts, components, or frameworks, not listed above? Yes/No **SKIP LOGIC, if no skip over next question**

QUESTION 7: Please list the other resiliency concepts, components, or frameworks you are familiar with, here:

QUESTION 8: How prepared do you feel to facilitate conversations with community stakeholders about building individual and community resilience by:

	Not at all prepared	Slightly prepared	Somewhat Prepared	Prepared	Very Prepared
Talking about trauma					
Talking about neuroscience and brain development					
Identifying protective factors that improve community and/or individual outcomes					
Discussing how primary, secondary, and tertiary strategies promote resiliency					
Identifying primary prevention strategies that improve individual and/or community outcomes					

QUESTION 9: How important do you believe it is to apply resiliency frameworks to your work? Not at all important/Slightly important/Somewhat important/Important/Very important

QUESTION 10: How would you describe your **knowledge** about how to connect resiliency strategies to the work you are doing?: Not at all knowledgeable/Slightly knowledgeable/Somewhat knowledgeable/Knowledgeable/Very knowledgeable

QUESTION 11: How often do you apply resiliency frameworks to your work? Never/
Rarely/Sometimes/Usually/Always **SKIP LOGIC if never, skip next question**

QUESTION 12: Please name up to three ways you apply resiliency frameworks to your work:

QUESTION 13: Have you completed training related to resiliency frameworks? Yes/No
SKIP LOGIC, if no skip over next question

QUESTION 14: Please indicate which resiliency frameworks you have received training in, along with the date, and whom you received the training from. Provide as much information as you can recall.

QUESTION 15: Which of the following resources have you used to learn about promoting resiliency frameworks in Vermont communities? Check all that apply.

Youth Thrive/Positive Youth Development/Strengthening Families/ Developmental Assets/Building Flourishing Communities/ None/ Other (please specify)

QUESTION 16: Do you feel you have the support you need to successfully apply resiliency frameworks to your work? Yes/No **SKIP LOGIC if yes, skip next question**

QUESTION 17: What additional supports do you need in order to be able to successfully apply resiliency frameworks to your work?

Some examples include:

- Training: face-to-face, regional, online, local with community partner
- Online tool kit with research & resources
- Technical assistance from AHS/VDH
- Supervisors or other colleagues with in-depth training

QUESTION 18: Please list resources in Vermont you have used for assisting with building resiliency at the community level.

Vermont community organizations/individuals:

Vermont state organizations/individuals:

Vermont trainings:

Print/online resources:

Other:

QUESTION 19: What are your recommendations to VDH for developing a workforce development plan related to this work?

QUESTION 20: Please include any additional comments, here:

QUESTION 21: Are you willing to be contacted by the Centers for Health & Learning for additional follow-up information?

QUESTION 22: Great! Please include the following contact information so we can reach out: Name/Email/Phone